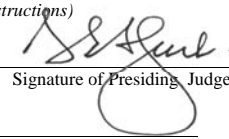


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED DEVIN SAMUEL		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER 21-mj-06016(DEA)		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		
6. OTHER DKT. NUMBER						
7. IN CASE/MATTER OF (Case Name) United States of America v. DEVIN SAMUEL		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		
10. REPRESENTATION TYPE (See Instructions) CC						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:841(a)(1) and (b)(1)(C) - POSSESS WITH INTENT TO DISTRIBUTE COCAINE BASE						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Christopher Gramiccioni, Esq. 1 Gatehall Drive Suite 305 Parsippany, NJ 07054 Telephone Number : 908-216-0582			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  _____ Signature of Presiding Judge or By Order of the Court 8/25/2022 _____ Date of Order _____ Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
					MATH/TECH. ADJUSTED HOURS MATH/TECH. ADJUSTED AMOUNT ADDITIONAL REVIEW	
In Court	15. a. Arraignment and/or Plea			0.00	0.00	
	b. Bail and Detention Hearings			0.00	0.00	
	c. Motion Hearings			0.00	0.00	
	d. Trial			0.00	0.00	
	e. Sentencing Hearings			0.00	0.00	
	f. Revocation Hearings			0.00	0.00	
	g. Appeals Court			0.00	0.00	
	h. Other (Specify on additional sheets)			0.00	0.00	
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00		
Out of Court	16. a. Interviews and Conferences			0.00	0.00	
	b. Obtaining and reviewing records			0.00	0.00	
	c. Legal research and brief writing			0.00	0.00	
	d. Travel time			0.00	0.00	
	e. Investigative and other work (Specify on additional sheets)			0.00	0.00	
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):				0.00	0.00	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		
21. CASE DISPOSITION						
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT. \$0.00		28a. JUDGE CODE		
28. SIGNATURE OF THE PRESIDING JUDGE		DATE				
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED \$0.00		34a. JUDGE CODE		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>		DATE				